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Pacific Basin Telehealth Resource Center (PBTRC)  
Social Science Research Institute (SSRI)  
Telecommunications and Social Informatics Research Program (TASI)

September 25, 2019

Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

RE: Promoting Telehealth for Low-Income Consumers - WC Docket No. 18-213

Dear Commissioners,

The Pacific Basin Telehealth Resource Center (PBTRC) appreciates the opportunity to submit comments to the Federal Communications Commission's (FCC) Notice of Proposed Rulemaking (NPRM), WC Docket No. 18-213, Promoting Telehealth for Low-Income Consumers. We fully support the goals of the FCC's Connected Care Pilot program.

Telehealth has the potential to address barriers in health services and mitigate health disparities among underserved and rural populations and communities. As the telehealth resource center serving an island state and the U.S. Pacific Islands region, we see firsthand how telehealth has the potential to increase access to consultation, health services, and education in the most rural and isolated areas.

The PBTRC serves the State of Hawai'i, Territories of Guam, American Samoa, the Commonwealth of the Northern Mariana Islands and the Pacific Islands with a Compact of Free Association with the U.S. Our region has unique challenges of geographic isolation, separation by vast distances of ocean, tiny populations, and developing economies.

We offer the following comments in response to the NPRM:

Paragraph 23: There are packages of suites of telehealth services that are used for connected care and telehealth platform solutions that enable scheduling and conducting telehealth consultations. Such information services should be eligible for funding from the Pilot Program. Such infrastructure is a common requirement necessary for health care providers to make available the telehealth service via telecommunications. Leveraging a health care consortium model by supporting a common platform could significantly increase the success of implementing telehealth services in rural and under-resourced areas.

Paragraph 24: Please clarify that "network equipment necessary to make a broadband service function," which are eligible for support under the current RHC program, includes portable broadband devices such as wireless routers or Wi-Fi hotspots (i.e., MiFi devices). This would be especially important for connected care where wired internet service connectivity may not be readily available. One of the more difficult challenges of this Pilot Project is how to administratively manage the broadband connection to the patient's residence or other mobile locations, especially if the patient is in a rural area and low-income (Paragraph 13). There cannot be an assumption that internet connectivity robust enough for a telehealth consult will be available and/or affordable to the patient. The FCC should also consider providing administrative support for the management of these devices. Lack of access to services is a bigger problem and some coordination with Connect America Funding or other FCC initiatives (paragraph 88) might be useful for leveraging emerging or newly developed telecommunication infrastructure in very remote areas; where typically there is greater need for telehealth services.

Paragraph 57: We urge the FCC to adopt language that prioritizes applications from health care providers who serve all Native Americans and Pacific Islanders, and not just those that are on tribal lands, affiliated with a tribe, or a part of the Indian Health Service. Native Americans, as defined in section 736 of the Public Health Service Act includes American Indians, Alaskan Natives, Aleuts, and Native Hawaiians. Native Hawaiians and Pacific Islanders are one of the fastest growing minority groups in the U.S, but often experience shortages in access to affordable and quality healthcare. Accordingly, we request the Commission add the following underlined language to (d) in that paragraph: "...the health care provider is located on Tribal lands, delivers services to Native Americans and Pacific Islanders, or is part of the Indian Health Service..."

Paragraph 50, bullet 10, for the same reasons described above, we suggest the following revision (added language underlined):

- Description of whether the health care provider will primarily serve veterans or patients located in a rural area, or the provider is located in a rural area, or is associated with a Tribe, serves Native Americans and Pacific Islanders, or is part of the Indian Health Service.

Paragraph 61: We agree with the priority designation for treating certain chronic health conditions including high-risk pregnancies, heart disease, diabetes, or mental health conditions. We suggest that the Commission award additional points not just for opioid dependency, but also substance abuse. Like opioid dependency, substance abuse can be associated with life threatening health issues and other systemic problems such as crime and homelessness.

Paragraph 25: Based on experience from past FCC rural health care pilot programs it is clear that a major barrier is the high administrative cost for coordination, outreach, and management of participation. We would recommend that the FCC revisit the support of such costs for the Connected Care Pilot specifically considering the added human resource-intensive requirements for coordination outside of the health care provider facility for connect care, data collection, evaluation and reporting.

Again, we appreciate the FCC's priority and investment in seeking improved mechanisms for advancing connected care opportunities in our nation's rural and low-income communities. Thank you for consideration of our comments.

Sincerely,



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